

End of an era: completing training. Tips for survival, fellowship applications and how to CCT

Tafadzwa Young-Zvandasara shares the things he wishes he had paid more attention to when approaching the end of training.

It is the end of an era, you are now ready to move on. Training has been filled with a structured approach to learning and you will likely be 'signed off' if you have done what is expected of you. The best advice to offer anyone training to get a Certificate of Completion of Training (CCT) from the General Medical Council (GMC) is to be organised and keep on top of the requirements from the Royal College of Ophthalmologists and the Postgraduate Deanery you are training in. It is necessary to have your CCT to take up a consultant post.

In this article I will look at the final few years of training and tell you things I wish I knew, hopefully you will be more prepared than I was: "Yes, I was organised but I honestly preferred spending my time with my family, would have liked to have played more tennis and become a better guitar player."

The final FRCOPhth exam

This is a requirement for CCT and is therefore worth mentioning. Although it is required for consultant applications, some fellowship applications expect you to have

"Beware! All applications for a CCT must be made to the GMC within 12 months of a doctor's expected completion of training date. After 12 months you will have to apply for Certificate of Eligibility for Specialist Registration (CESR)."

completed the exam. If you want to apply for the competitive fellowships in the UK, it is worth getting the exam done in good time.

Firstly, decent preparation is crucial. The written part of the exam does require reading and knowing some minute detail. I recommend knowing the Royal College of Ophthalmologists (RCOphth) guidelines well (available on the RCOphth website). These guidelines are also extremely helpful when you are expected to supervise more experienced juniors during your latter training years. The National Institute of Health & Care Excellence (NICE) guideline summaries are also useful. The guidelines also help summarise some important 'pivotal' trials, which are useful for written and oral exams.

A common question asked is which textbook and / or resources are best? For the written part of the final exam *Kanski's Clinical Ophthalmology* [1], and the *Oxford Handbook* [2] were most useful. The American Academy of Ophthalmologists' (AAO) questions were worthwhile for exam technique, albeit too simple for the RCOphth exam [3]. The same textbooks were useful for the oral part of the exam. Of course, a lot more emphasis needs to be on clinical skills when preparing for the oral exam. Not looking 'ready' or polished has an impact on your confidence and the final score, therefore practise!

Strength in numbers

Find a peer who is sitting the exam to buddy up with. Find a colleague who has sat the exam to take you through exam technique. All you need is a computer / iPad etc. with internet access and a quiet area to meet up. If there are more than two of you revising that is perfect, one leaves the room, the others prepare questions and they return to be 'grilled'. Having internet access is invaluable for accessing learning resources / videos. It is incredible how much

is on YouTube etc. A fantastic resource was Shirley Wray's neuro-ophthalmology collection, there are some excellent videos on neuro-ophthalmology conditions [4]. The app *suprAnuclear* was also useful [5]. Do not be afraid to intimidate each other, after all exams are intimidating by their nature. The other positive of fear is you will appreciate how much work you need to do for the exam.

Go on a course if you can, this will help familiarise you with the exam format. Do enquire early as spaces run out. These are courses I am familiar with, others do exist:

- The SWOT (South Wales OSCE/MIVA Training) FRCOPhth Part 2 Mock Exam Course [6].
- The Oculus Part 2 FRCOPhth Course [7].

Do not expect the exam to be a cascade of likely questions, e.g. basic sciences to management, examiners have different styles of questioning. Ask previous candidates of their experiences.

In the final weeks concentrate on the more 'challenging stations' typically neuro-ophthalmology, orbit and strabismus.

On a more practical note, get to the venue city the night before, check-in to your hotel and relax. I will not share my experience of what nerves did to me. But if you must know I assume it is voltage gated, caffeine assisted peristalsis. Learn to deal with stress.

Fellowship applications

The hope is you have found something you enjoy and want to subspecialise in, or you are set on general ophthalmology. A lot of thought needs to go into your choice of fellowship. The location, reputation, learning opportunities and lifestyle etc. I am fortunate to be doing my VR fellowship in Christchurch, New Zealand. I wanted to be in Australasia to see this side of the world and enjoy the outdoors.

Fellowships typically do not pay well, or in some cases do not pay at all! My limited knowledge on finances will not allow me to give you good advice. I would suggest saving in the last two years of training, especially if you intend to travel to the other side of the world. The other advice I received from my consultant, who had also done a fellowship abroad, was to get a credit card and enjoy yourself, then worry about it afterwards. I obviously cannot openly endorse this advice for fear of been hounded by broke fellows. I do have a credit card though.

A lot depends on your choice of subspeciality. If you are keen for the competitive fellowships, start looking early. For example, VR and cornea in Australia: Melbourne, Adelaide, Perth etc. are advertised two years before the start date. How much experience you require to get the job varies immensely. I would suggest having some experience in the subspeciality. Different numbers are quoted, e.g. a minimum of 100 vitrectomies for the big fellowships in VR. But I have known people to get the jobs with little or no experience. If you know someone in the unit ask around, there is no harm looking keen, e.g. contact the current fellow, or ask if they take on a 'junior fellow'. At times they want to train you up from little experience. Visiting the unit helps, but this could be limited by the practicality of the distance. If you are keen on the fellowship but do not have the experience, my advice is to just submit an application and do well in the interview. Make your face known for the next attempt. If you do not get an interview or the job, do not be disheartened, ask for some feedback.

If you are going for an interview, it is likely you will need some practice, as your last one may be years ago. The questions in the interviews vary, but it is common to have a clinical scenario. I would suggest an interview textbook to get you started. Try and attend an interview course to brush up on your interview technique. If you get an interview abroad be prepared for a Skype / telephone / video interview. There is unpredictability with these, as the network connection could be poor. If this is the case during the interview, you can suggest switching to audio only mode.

A summary of advice for fellowships is to start looking early, show interest by visiting the department if practical. Save up for the fellowship and ask around to figure out if anyone has worked in the unit. A list of UK Trainee Selected Component's is available from the RCOphth website [8]. The Eyedocs website has also got a list of fellowships [9]. The RANZCO website also provides a list of fellowships / advertisements for those looking to be in Australia or New Zealand [10]. I found it easier to check the individual

fellowship provider websites and make a list of closing dates.

How to CCT

You have reached the end, now you need to get signed off. Firstly you will have to receive an outcome 6 on your final Annual Review of Competence Progression (ARCP). Keep up with your deanery's requirements as it varies in the UK. There are statutory and procedural formalities to getting a CCT, so best you follow the advice by anyone responsible for your training and read the College's sporadic emails about changes.

Where to start?

There are Royal College of Ophthalmologists guidelines [11]. The College mention on their website to specifically have a sufficient number of supervisor's reports, avoid bunching and ensure the cataract audit is done according to the stipulated guidance. Decisions are reached within four weeks, but in my experience, longer. Therefore, try getting everything in early. All applications and documents are submitted electronically. As soon as you are approaching your final ARCP you should have filled, or are filling, out the forms listed below. I was not sure about what I was supposed to do, as the correspondence from the college and the information on the website was conflicting. I will share my experience below.

Relevant steps and documentation

1. You should receive an email from the Royal College mentioning you are due CCT that year. Check on your e-portfolio for the date of completion of training and whether it is correct. If not, get in touch with the College, otherwise it will result in the GMC sending you an email with the wrong date (which happened in my case). This email from the College will have some instructions about the CCT process.
2. You might also receive an email from the GMC once the College have sent through information you are to CCT soon. I got this a year earlier than I was supposed to, I simply replied mentioning I was not due yet!

How to apply for CCT

1. Keep your e-logbook up-to date and in order. It should all be green. I would suggest keeping and uploading all your ARCP outcome forms if you have them, as my postgraduate team had not sent mine from ST2 year to the College. Make sure there is no 'bunching' and clearly labelled reports as stipulated by the College.
2. 50 consecutive cataract audit: getting postoperative refractive and vision data is a nightmare.
 - a. Try get this done with plenty of time, it

says you can do it in ST4-ST7 years on the guidance.

- b. Start collecting your data in one of the chosen years. Get your preoperative data on the logbook so you will only be chasing after your postoperative and complications data.
 - c. You also need to collect complication data, e.g. CMO.
3. Cumulative data sheet:
 - a. A signature is required by the Trainee Program Director.
 - b. The data sheet is available from the RCOphth website. It is simple to fill. You can get a similar summary on the eyelogbook.
 4. Continuous cataract complications audit, a template is available.
 - a. Note new guidance mentions this is to be done for complications as far back as four years. You are required to fill in the postoperative refraction, visual acuity outcomes and postoperative complications for these cases.
 - b. Fill this in prospectively, no excuses. It is hard to return to your previous units just for this data.
 5. CCT / CESR application form:
 - a. This requires a signature by the Postgraduate Dean after your final ARCP outcome 6 is given. Find their PA.
 6. TSC report: If TSC done.

Problems encountered

I completed training at the end of July. Despite handing my paperwork in on time, my recommendation for CCT confirmation for the GMC only came through in early September from the RCOphth. This was due to missing an ARCP outcome form from my ST2 year. I would suggest keeping the ARCP forms and any other important documents. The GMC were very fast once they received the RCOphth recommendation.

Costs

Surprisingly the GMC costs for CCT are £420 in 2018! If you are a member of the RCOphth there are no additional costs from the College.

“Have a sufficient number of supervisor’s reports, avoid bunching and ensure the cataract audit is done according to the stipulated guidance.”

TAKE HOME MESSAGE

- Keep your portfolio in good order.
- Save up for your fellowship, especially if you are travelling abroad.
- Keep important paperwork such as your ARCP outcome forms.
- Start your continuous cataract complications audit / 50 consecutive cataract audit early.

References

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 5. supranuclear neuroOphthal app: www.supranuclear.com
 6. S.W.O.T – South Wales OSCE/VIVA Training – FRCOPHTH Part 2 Mock exam Course: www.welshophth.co.uk/south-wales-frcophth-part-2-preparatory-viva-slash-osce-course
 7. Oculus Part 2 FRCOphth Revision Course: www.oculus-course.com
 8. Trainee Selected Components (TSCs) continuously recognised by The Royal College of Ophthalmologists: www.rcophth.ac.uk/wp-content/uploads/2016/01/College-recognised-list-TSCs.pdf
 9. Ophthalmology Fellowships. Eyedocs: www.eyedocs.co.uk/ophthalmology/fellowships
 10. Fellowships. The Royal Australian and New Zealand College of Ophthalmologists (RANZCO): <https://ranzco.edu/anzgs/fellowships>
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